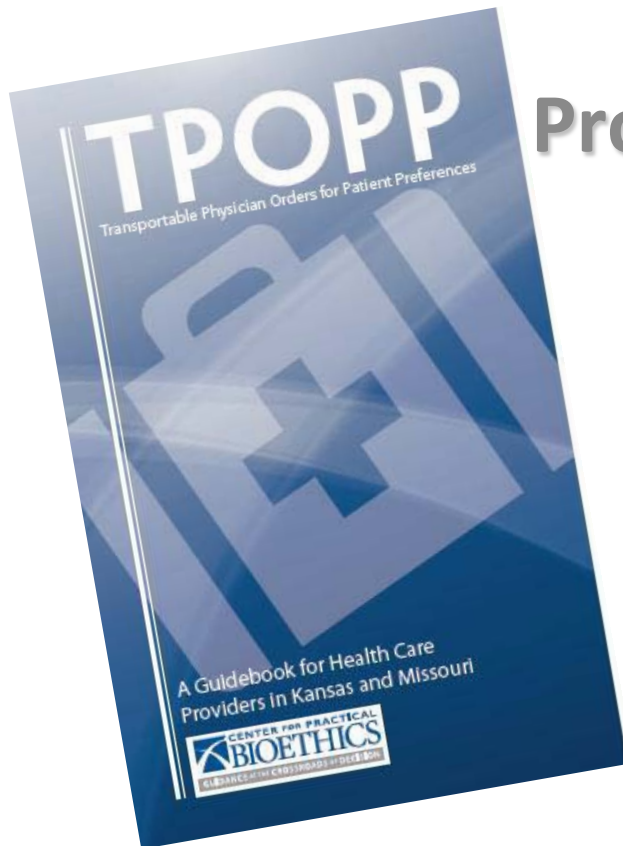


Transportable Physician Orders for Patient Preferences (TPOPP)



**Providing patients respect and dignity
by honoring end-of-life wishes**

**An educational module
for health care professionals**

Roy's Story

Roy is 71 years old with severe COPD and mild dementia.

- Is in SNF after recent hospital stay for pneumonia.
- Now having increased SOA & mental status changes.
- EMS called when resident “not responding”; RR 8/min O2 85%.
- Recent conversations with staff: “I don’t want to be kept alive by machines.... I want to die in peace.”
- EMS applies oxygen and transports Roy to ER.



In the Emergency Room

- Roy is unresponsive and hypoxic despite oxygen.
- Chest X-ray show large lung volumes without consolidation.
- ABGs – marked respiratory acidosis
- Roy is intubated and transferred to the ICU.
- Roy appointed his out-of-state daughter as his DPOAHC but has no DNR or health care directive.



Family decisions

- Roy's daughter is contacted and makes plans to come.
- She informs staff that Roy wouldn't want life-support but wants to come to the hospital before making decisions.
- Over next days, Roy becomes more responsive but remains confused.
- Roy becomes agitated and restless, pulling on ET tube.
- Daughter distressed that father's wishes not followed.
- Decisions made to sign DNR and extubate.



Change in the focus of care

After ET tube removed, Roy calms.

Plans are made to transfer Roy back to the SNF.

After two days at the SNF, Roy dies.

Is this a familiar story?

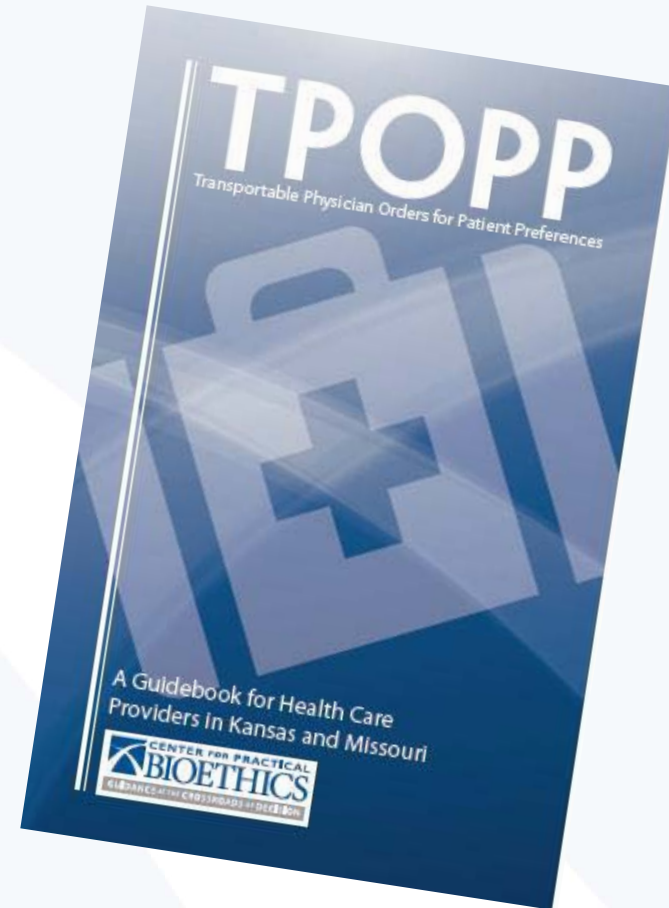


Advance Directive: Not Enough

- Focus on potentially life-prolonging treatments in limited set of circumstances
- Does not translate into medical orders for present circumstance
- Completion rate low
- Questionable validity
- Reliance on surrogate decision maker
- Not available

Purpose of today's program

- Introduce a new paradigm
- Present overview of TPOPP program
- Discuss implementation in your institution
- Promote, inspire and encourage champions in your community



Learning Objectives

- Describe purpose of TPOPP program
- Identify elements of the TPOPP program
- Determine policy and procedural components for implementing TPOPP in your facility
- Identify those who would benefit from TPOPP
- Address sections on form and specific medical orders
- Discuss disposition of completed form

**TPOPP is a program designed to
improve the quality of care
received at a end-of-life
by translating patient's treatment
preferences into medical orders.**

TPOPP: Transportable Physician Orders for Patient Preferences

- Medical order form designed for patients with serious illness and advanced frailty
- Converts treatment preferences into written physician orders

TPOPP: Transportable Physician Orders for Patient Preferences

- Based on conversations among health professionals, patient, and/or agent
 - about treatment goals for informed decision making
- Form travels with patient across care settings to ensure wishes are honored throughout health care system

What it is

- Transparent
- Patient/surrogate signed statement
- Reflects current treatment preferences
- Translated into actionable physician orders

**TPOPP based on belief that
individuals have right to
make their own health care
decisions**

Advance Directive vs. TPOPP

Advance Directive/ health care proxy	TPOPP
For all adults	For those with chronic progressive illness or may die within the year
Complete for the future	Applies to person's current situation. Medical orders for now.
In effect when decision-making capacity is lost	Not conditional on decision- making capacity
Contains no medical orders	Set of medical orders
May not be available in all settings	Accompanies patient across settings

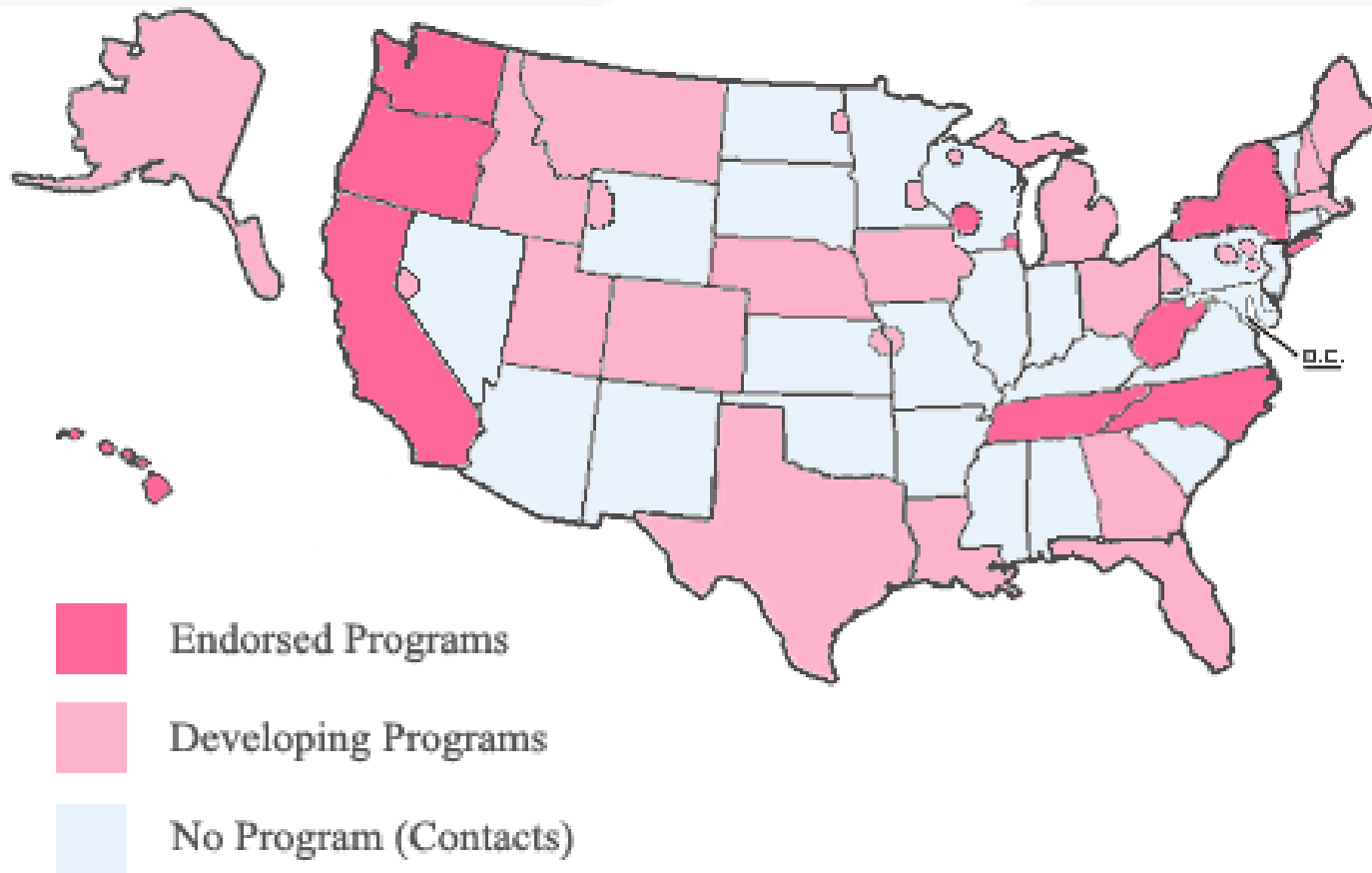
TPOPP: POLST Paradigm program

- POLST: Physician Orders for Life Sustaining Treatment
- Oregon: Since 1991
- An approach to ensure care received agrees with patient wishes
- Treatment preferences converted to transferable set of medical orders
- Increasing body of research on effectiveness

POLST Paradigm

- Term “POLST paradigm” used to describe programs with consistent components, but different names
 - ❑ MOLST – New York
 - ❑ MOST – North Carolina
 - ❑ POST – West Virginia
 - ❑ TPOPP – Kansas City area
 - ❑ www.polst.org

POLST programs nationwide



POLST Research and EMS

POLST EMTs' Experiences and Attitudes (OR)

- n=572 EMTs
- 72% had treated one patient with POLST
- 45% treatment changed when POLST presented
- 91% agreed POLST useful in determining treatment when patient apneic or no pulse

Schmidt, T., Hickman, S., Tolle S., Brooks, H. (2004)
Journal of the American Geriatrics Society, 52, 1430-1434

Multi-state Study of POLST

- Comparison of POLST with traditional advance care planning:
 - Effect on presence of medical orders reflecting treatment preferences
 - Effect on symptom management
 - Effect on use of life-sustaining treatments
- States – OR, WV, WI:
- 90 urban and rural nursing homes
- Stratified, random sampling
- 1711 charts: 817 residents w POLST; 894 without

Hickman, et al. 2010.

Results

- Residents with POLST forms more likely to have orders about life-sustaining preferences beyond CPR
 - (98.0% vs. 16.1%, $P < .001$)
- No differences between residents w and w/o POLST on symptom assessment or management measures

Results

- POLST more effective than traditional method for limiting unwanted life-sustaining treatments:
 - POLST users with Comfort Measures Only less likely to receive medical interventions (hospitalization) than residents with Full Treatment orders, traditional DNR orders or traditional Full Code orders
 - POLST users with Full Treatment orders received same level of treatment as residents without POLST

Multi-Study Conclusion

- POLST offers significant advantages over traditional methods to communicate treatment preferences in the nursing facility setting.
- Hickman, S.E., Nelson, C.A., Perrin, N.A., Moss, A.H., Hammes, B.J. & Tolle, S.W. (in press). A comparison of methods to communicate treatment preferences in nursing facilities: Traditional practices versus the physician order for life-sustaining treatment program. *JAGS*.

POLST as Preferred Practice

“Compared with other advance directive programs, POLST more accurately conveys end-of-life preferences and yields higher adherence by medical professionals.”

– **National Quality Forum**

*A National Framework and Preferred Practices for
Palliative and Hospice Care Quality:*

A Consensus Report. Washington, D.C.(2006)

Developing program in KC

- KC Metropolitan TPOPP Taskforce
 - Initiative of Center for Practical Bioethics & KC Regional Hospital Ethics Committee Consortium
 - Multiple disciplines represented
 - Focus: Improving EOL care in KS & MO
 - Consultation with Nat'l POLST Advisory Group
 - Development of TPOPP form/Guidebook
 - Education and training

TPOPP in Topeka

- Pilot program
 - Cooperation between EMS, hospitals, nursing homes, hospice, home health
 - TPOPP champions across health care settings
 - Implementation target date October 2010
 - Medical standard of care for the community

Goals of TPOPP Program

- Document treatment preferences for CPR and other life sustaining treatments
- Translate those treatment preferences into an actionable, portable set of physician orders;
- Communicate an individual's care wishes across health care settings;

Goals of TPOPP

- Improve Emergency Medical Services' ability to treat according to individual wishes;
- Reduce repetitive documentation while complying with state laws, the Federal Patient Self-Determination Act and HIPAA.

Elements of TPOPP Program

- TPOPP form is a medical order.
- Form is standardized – bright pink.
- Used for persons with advanced, progressive chronic illness.
- Form transfers with the patient.

Elements of TPOPP Program

- Provides clear direction about resuscitation status.
- May be used to limit treatment or express desire for full treatment.
- Includes clear directions about other interventions & life-sustaining treatments.

Elements of TPOPP Program

- Health professionals are trained to facilitate advance care planning discussions.
- Health professionals are trained on goals of TPOPP and use of form.
- Plan in place to monitor success of program and ensure ongoing implementation

Using the TPOPP form

FORM SHALL ACCOMPANY PERSON WHEN TRANSFERRED OR DISCHARGED

Transportable Physician Orders for Patient Preferences (TPOPP)

This Physician Order set is based on the patient's medical condition and preferences. Any section not completed indicates full treatment and that section. Photocopy or fax copy of this form is legal and valid. Follow these orders, then contact physician.

Last Name/First Name/Middle Initial _____

Date of Birth _____

Appointed Agent or Surrogate Name/contact _____

A. CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.

Check One
☐ Attempt Resuscitation (CPR) ☐ Do Not Attempt Resuscitation (DNR/no CPR/Allow Natural Death)
 When not in cardiopulmonary arrest, follow orders in B, C and D (below).

B. MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.

Check One
☐ Comfort Measures only. Treat with dignity and respect. Keep clean, warm, and dry. Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers NO transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location.
Treatment Goal: Attempt to maximize comfort through symptom management only.

☐ Limited Additional Interventions Includes care described above. Use medical treatment, IV fluids and cardiac monitoring as indicated. Do not use intubation or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Avoid intensive care.
Treatment Goal: Attempt to restore function by simple treatments for reversible conditions.

☐ Full Treatment Includes care above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Include intensive care.
Treatment Goal: Attempt to prolong life by all medically effective means.

C. ANTIBIOTICS

Check One
☐ No Antibiotics. Use other means to relieve symptoms.
☐ Determine use or limitation of antibiotics when infection occurs.
☐ Use antibiotics if medically indicated.
 Additional Orders: _____

D. MEDICALLY ADMINISTERED FLUIDS AND NUTRITION: Always offer foods & fluids by mouth if feasible.

Check One in Each Column
☐ No IV fluids (provide other measures for comfort) ☐ No medically administered nutrition trial period
☐ IV fluids for a defined trial period ☐ Medically administered nutrition trial period
 Identify goal(s) for trial period: _____ Identify goal(s) _____
 Additional Orders: _____

E. BASIS FOR ORDERS AND SIGNATURES

Check all that apply
 Discussed with: ☐ Patient/Resident ☐ Agent/DPOA healthcare ☐ Parent of Minor ☐ Legal guardian ☐ Health care surrogate
☐ Other: (Specify) _____ By whom (if other than physician)
☐ Other: _____
 Mandatory Signature of Person (Parent of minor, Durable Power of Attorney for Healthcare, Legal Agent or Surrogate) _____ Date _____
 Physician Name (Print) _____ Physician Phone Number _____
 Physician Signature (Mandatory) _____ Date _____

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AND PROXY DECISION MAKERS AS NECESSARY FOR TREATMENT

FORM SHALL ACCOMPANY PERSON WHEN TRANSFERRED OR DISCHARGED

F. DOCUMENTATION USED TO DETERMINE PREFERENCES FOR THIS FORM

Healthcare Directive or other Advance Directive ☐ NO ☐ YES
 Durable Power of Attorney for Healthcare document* ☐ NO ☐ YES
 *Name: _____ Contact number: _____

If I lose decision-making capacity, I authorize my Durable Power of Attorney for Health Care or legal agent to make all medical decisions for me, including any section of this form, and to complete a new form on my behalf if necessary. Check YES or NO below and initial

☐ YES
☐ NO (Indicates no one other than person is authorized to change form)

REVIEW OF TPOPP FORM

This form should be reviewed if there is substantial change in the person's health status or if treatment preferences change. This form must be reviewed if the person is transferred from one care setting to another.

If this form is to be voided, write the word "VOID" in large letters on the front of the form. After voiding the form a new form may be completed. A patient with capacity or an authorized proxy decision with powers to act may void this form. If no new form is completed, full treatment and resuscitation may be provided.

REVIEW SECTION: Periodic review confirms current form or may require completion of new form.

Date of Review	Reviewer	Authorizing Signature	Location of Review	Outcome of Review
				<input type="checkbox"/> FORM confirmed - No Change <input type="checkbox"/> FORM VOIDED, see updated form <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> FORM confirmed - No Change <input type="checkbox"/> FORM VOIDED, see updated form <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> FORM confirmed - No Change <input type="checkbox"/> FORM VOIDED, see updated form <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> FORM confirmed - No Change <input type="checkbox"/> FORM VOIDED, see updated form <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> FORM confirmed - No Change <input type="checkbox"/> FORM VOIDED, see updated form <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> FORM confirmed - No Change <input type="checkbox"/> FORM VOIDED, see updated form <input type="checkbox"/> FORM VOIDED, no new form

PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AND PROXY DECISION MAKERS AS NECESSARY FOR TREATMENT

Target populations

Those who:

- Live with advanced progressive chronic illness.
- Are terminally ill.
- Might die within the next year.
- Wish to further define their care wishes.

Patient Profiles

Those who

- Want all medically indicated treatments including CPR
- Want to avoid all life-sustaining treatments
- Choose to limit life-sustaining treatments
- Wish to avoid CPR by requesting OHDNR

Screening question

- Would I be surprised if this patient died in the next year?

Improving care through the end of life. Launching a primary care clinic-based program, Pattison, M. & Romer. A.L. (2001)
Journal of Palliative Medicine, 4(2), 249-254.

But it's not for everybody

- TPOPP is not appropriate for person with stable medical condition or disabling problem with years of life expectancy.
- TPOPP is voluntary decision.

Based on ACP conversation

- Timely discussions
- Facilitated by trained professionals
- Helps establish medical and non-medical goals of care
- Provides information on treatment options
- Builds decision making consensus among patient, family and medical team.

Section A: Cardiopulmonary Resuscitation (CPR)

A.

Check
One

CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.

☐ Attempt Resuscitation (CPR) ☐ Do Not Attempt Resuscitation (DNR/no CPR/Allow Natural Death)

When not in cardiopulmonary arrest, follow orders in **B**, **C** and **D** (below).

- Orders apply only when person has no pulse and is not breathing
- Resuscitate (CPR) – full CPR measures and 911
- Do Not Attempt Resuscitation – CPR not performed. Comfort measures provided.

Decisions for CPR

- Patient can **NOT** choose to have a CPR order and request to have an order for Do Not Intubate.
- Inconsistent preferences
- Choosing CPR implies accepting entire array of treatments in an emergency setting without limitations

Section B: Medical Interventions

The diagram illustrates the 'ABCs of Life Support' with three main levels of care: Basic Life Support (B), Intermediate Life Support (I), and Advanced Life Support (A). Each level has associated medical interventions and treatment goals. Annotations highlight specific goals and comfort measures.

Level	Medical Interventions	Treatment Goal
B Basic Life Support	<ul style="list-style-type: none">Person has pulse and/or is breathing.Comfort Measures only. Treat with dignity and respect. Keep clean, warm, and dry. Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use manual treatment of airway obstruction as needed for comfort.Do not transfer to hospital for life-sustaining treatment. Transfer only if met in current location.	Attempt to maximize comfort through symptom management only.
I Intermediate Life Support	<ul style="list-style-type: none">Limited Additional Interventions Includes care described above. Use medical treatment, IV fluids and cardiac monitoring as indicated. Do not use intubation or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Avoid intensive care.	Attempt to restore function by simple treatments for reversible conditions.
A Advanced Life Support	<ul style="list-style-type: none">Full Treatment Includes care above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Include intensive care.	Attempt to prolong life by all medically effective means.

Additional Orders:

Annotations:

- Intervention goals clearly defined at each level.** (Points to the intervention lists for B, I, and A)
- Comfort measures provided regardless of intervention.** (Points to the 'Comfort Measures only' intervention in B)

- Applies to emergency medical circumstances for person with pulse and/or breathing.

Subsection B: Comfort Measures only

B.

Check
One

MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.

☐ **Comfort Measures only.** Treat with dignity and respect. Keep clean, warm, and dry.

Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort.

Patient prefers NO transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location.

Treatment Goal: Attempt to maximize comfort through symptom management only.

- Treatment Goal: Maximize comfort through symptom management only.

Candidates: Comfort measures

- Advanced dementia
- Frail elderly with co-morbid conditions
- Hospice patients
- Elects comfort care in nursing home

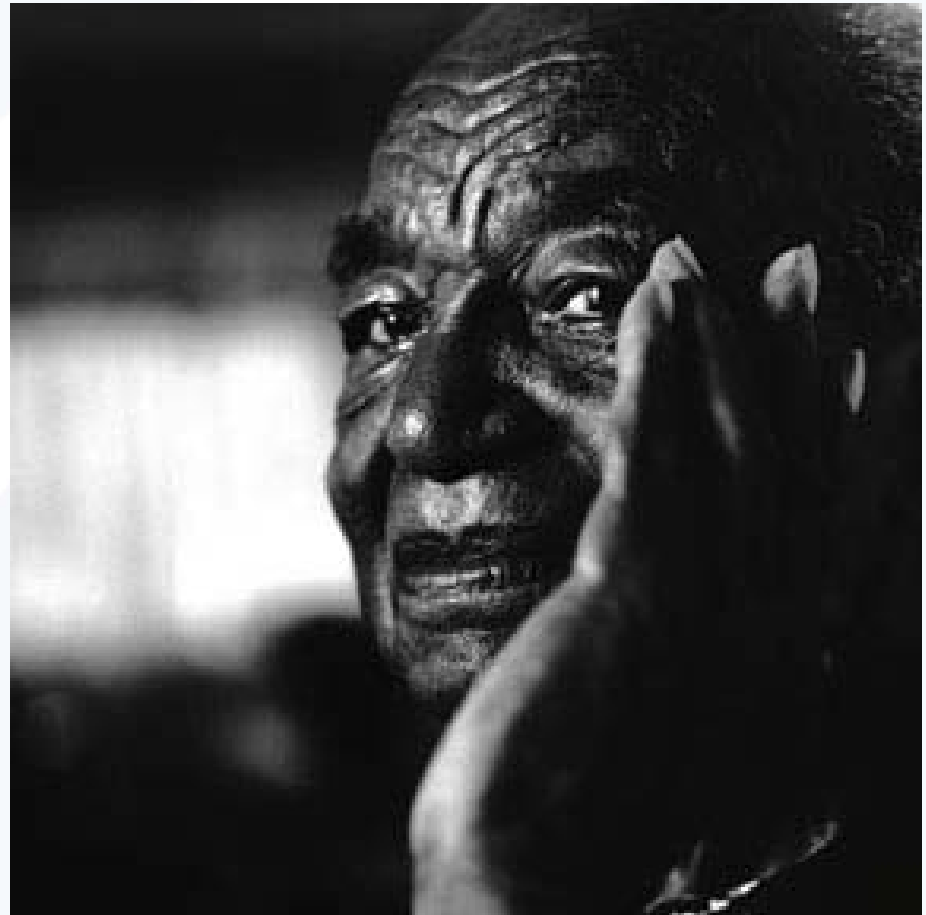
Comfort Measures

Joe lives at home with his wife and has been a patient with hospice care since choosing to stop treatments for metastatic prostate cancer.

He completed a TPOPP form with his hospice social worker. His goal is to receive medical treatments focused on management of symptoms to maximize comfort.

Joe's TPOPP orders are for DNR and COMFORT MEASURES.

EMS is called to Joe's home after he fell transferring to his chair. He complains of severe right hip pain and there is shortening and external rotation of the leg.



B: Limited Additional Interventions

□ **Limited Additional Interventions** Includes care described above. Use medical treatment, IV fluids and cardiac monitoring as indicated. Do not use intubation or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Avoid intensive care.

Treatment Goal: Attempt to restore function by simple treatments for reversible conditions.

- Goal: Attempt to restore function by simple treatments for reversible conditions.
- Transfer to hospital if indicated. Avoid intensive care.
- Continue to provide comfort measures

Candidates: Limited Additional Interventions

- Person with COPD or other chronic condition
- Exacerbation of symptoms
- Would like antibiotics, fluids, and treatment such as BiPAP or CPAP
- Does not want intubation, ventilator, or CPR

Limited Interventions

Mr. Jones lives in a long-term care facility. He has COPD and usually has one major episode of bronchitis a year.

He completed a TPOPP form with his physician. His goal is for his doctor to try treatments for the COPD that he thought had a reasonable chance of helping Joe return to his current level of function. Joe does not want artificial life support machines like a ventilator and if he got “that bad” he would want a comfort approach to control symptoms. His TPOPP orders are for DNR and LIMITED INTERVENTIONS.

Today Joe is in respiratory distress, with a RR of 40, O2 sat of 80% and deep moist cough. EMS is called to the LTC facility.



Full Treatment

□ **Full Treatment** Includes care above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Include intensive care.

Treatment Goal: Attempt to prolong life by all medically effective means.

Additional Orders: _____

- Goal: Attempt to prolong life by any and all medically effective means.
- Transfer to the hospital if indicated. Include intensive care.
- Continue to provide comfort measures.

Full Treatment

Mrs. V is a youthful looking 85 year old. She is a caregiver for her husband who has dementia. She completed a TPOPP form with her nurse practitioner during the last office visit.

Her goal would be for the medical professionals to treat conditions that could be reversed by using treatment that had a reasonable chance of returning her to normal level of functioning. She would want artificial life support machines and painful procedures for a reasonable period of time if those treatments had a good chance of making her better. But “I don’t want to get stuck on machines.” Her TPOPP orders are Attempt CPR and FULL TREATMENT.

EMS is called to the home and find Mrs. V hypertensive and tachy with left sided weakness and aphasia,



Section C: Antibiotics

C. Check One	ANTIBIOTICS <input type="checkbox"/> No Antibiotics. Use other means to relieve symptoms. <input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs. <input type="checkbox"/> Use antibiotics if medically indicated. <i>Additional Orders:</i>
-------------------------------	--

- Antibiotics have benefits and burdens
- Pneumonia or other infection may be final episode in frail elderly.
- Recurring infections can take toll depending on treatments.

Section D: Medically Administered Fluids and Nutrition

D. Check One in Each Column	MEDICALLY ADMINISTERED FLUIDS AND NUTRITION: Always offer foods & fluids by mouth if feasible.	
	<input type="checkbox"/> No IV fluids (provide other measures for comfort)	<input type="checkbox"/> No medically administered nutrition.
	<input type="checkbox"/> IV fluids for a defined trial period	<input type="checkbox"/> Medically administered nutrition trial period
	Identify goal(s) for trial period: _____	Identify goal(s) _____
	<i>Additional Orders:</i> _____	<input type="checkbox"/> Medically administered nutrition for long term

- Always offer food & fluids by mouth if feasible.
- Medically administered nutrition is delivered by feeding tube.

Section E: Reason for Order and Signatures

E. Check all that apply	BASIS FOR ORDERS AND SIGNATURES Discussed with: <input type="checkbox"/> Patient/Resident <input type="checkbox"/> Agent/DPOA healthcare <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Legal guardian <input type="checkbox"/> Health care surrogate <input type="checkbox"/> Other: _____ (Specify) By whom (if other than physician) _____	
	Mandatory Signature of Person (Parent of minor, Durable Power of Attorney for Healthcare, Legal Agent or Surrogate)	Date
	Physician Name (Print)	Physician Phone Number
	Physician Signature (Mandatory)	Date
HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AND PROXY DECISION MAKERS AS NECESSARY FOR TREATMENT		

Mandatory signatures

- Physician *and*
- Person or DPOAHC/or surrogate

E. Check all that apply	BASIS FOR ORDERS AND SIGNATURES	
	Discussed with: <input type="checkbox"/> Patient/Resident <input type="checkbox"/> Agent/DPOA healthcare <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Legal guardian <input type="checkbox"/> Health care surrogate <input type="checkbox"/> Other: _____ (Specify) By whom (if other than physician) _____	
	Mandatory Signature of Person (Parent of minor, Durable Power of Attorney for Healthcare, Legal Agent or Surrogate)	Date
	Physician Name (Print)	Physician Phone Number
	Physician Signature (Mandatory)	Date
HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AND PROXY DECISION MAKERS AS NECESSARY FOR TREATMENT		

- Signature of **patient or DPOAHC**, legal agent signifies treatment preferences
- Signature of **physician** validates physician orders

Section F: Guides for Additional or Optional Preferences

FORM SHALL ACCOMPANY PERSON WHEN TRANSFERRED OR DISCHARGED	
F.	DOCUMENTATION USED TO DETERMINE PREFERENCES FOR THIS FORM
	Healthcare Directive or other Advance Directive <input type="checkbox"/> NO <input type="checkbox"/> YES
	Durable Power of Attorney for Healthcare document* <input type="checkbox"/> NO <input type="checkbox"/> YES
	*Name: _____ Contact number: _____
	<p>If I lose decision-making capacity, I authorize my Durable Power of Attorney for Health Care or legal agent to make all medical decisions for me, including any section of this form, and to complete a new form on my behalf if necessary. Check YES or NO below and initial</p> <p>_____ <input type="checkbox"/> YES</p> <p>_____ <input type="checkbox"/> NO (Indicates no one other than person is authorized to change form)</p>

- Option to further ensure stated wishes are followed.

Optional Preferences

Harvey, a fiercely independent man, always made his own decisions and called the shots. “I want to go out on my own terms and no one going to change my plans.”

Harvey was adamant about no CPR, no ventilator, no dialysis, and “nothing to prevent me dying when it is my time.”

After the TPOPP form was completed, Harvey checked the box “NO” indicating that no one other than Harvey was authorized to change the form.



Section G: Reviewing the form

REVIEW OF TPOPP FORM

This form should be reviewed if there is substantial change in the person's health status or if treatment preferences change. This form must be reviewed if the person is transferred from one care setting to another.

If this form is to be voided, write the word **"VOID"** in large letters on the front of the form. After voiding the form a new form may be completed. A patient with capacity or an authorized proxy decision with powers to act may void this form. If no new form is completed, full treatment and resuscitation may be provided.

G. REVIEW SECTION: Periodic review confirms current form or may require completion of new form.

Date of Review	Reviewer	Authorizing Signature	Location of Review	Outcome of Review
				<input type="checkbox"/> FORM confirmed - No Change <input type="checkbox"/> FORM VOIDED, see updated form <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> FORM confirmed - No Change <input type="checkbox"/> FORM VOIDED, see updated form <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> FORM confirmed - No Change <input type="checkbox"/> FORM VOIDED, see updated form <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> FORM confirmed - No Change <input type="checkbox"/> FORM VOIDED, see updated form <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> FORM confirmed - No Change <input type="checkbox"/> FORM VOIDED, see updated form <input type="checkbox"/> FORM VOIDED, no new form

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AND PROXY DECISION MAKERS AS NECESSARY FOR TREATMENT

Section G

Entire form reviewed if Patient:

- Transfers from one location to another.
- Experiences substantial change in health status.
- Treatment preferences change.

Completed TPOPP form

- Travels between all sites of care.
- Kept in front of the medical chart.
- May be copied when patients transfers.
- Can be entered or recorded into electronic medical record.

Completed TPOPP form

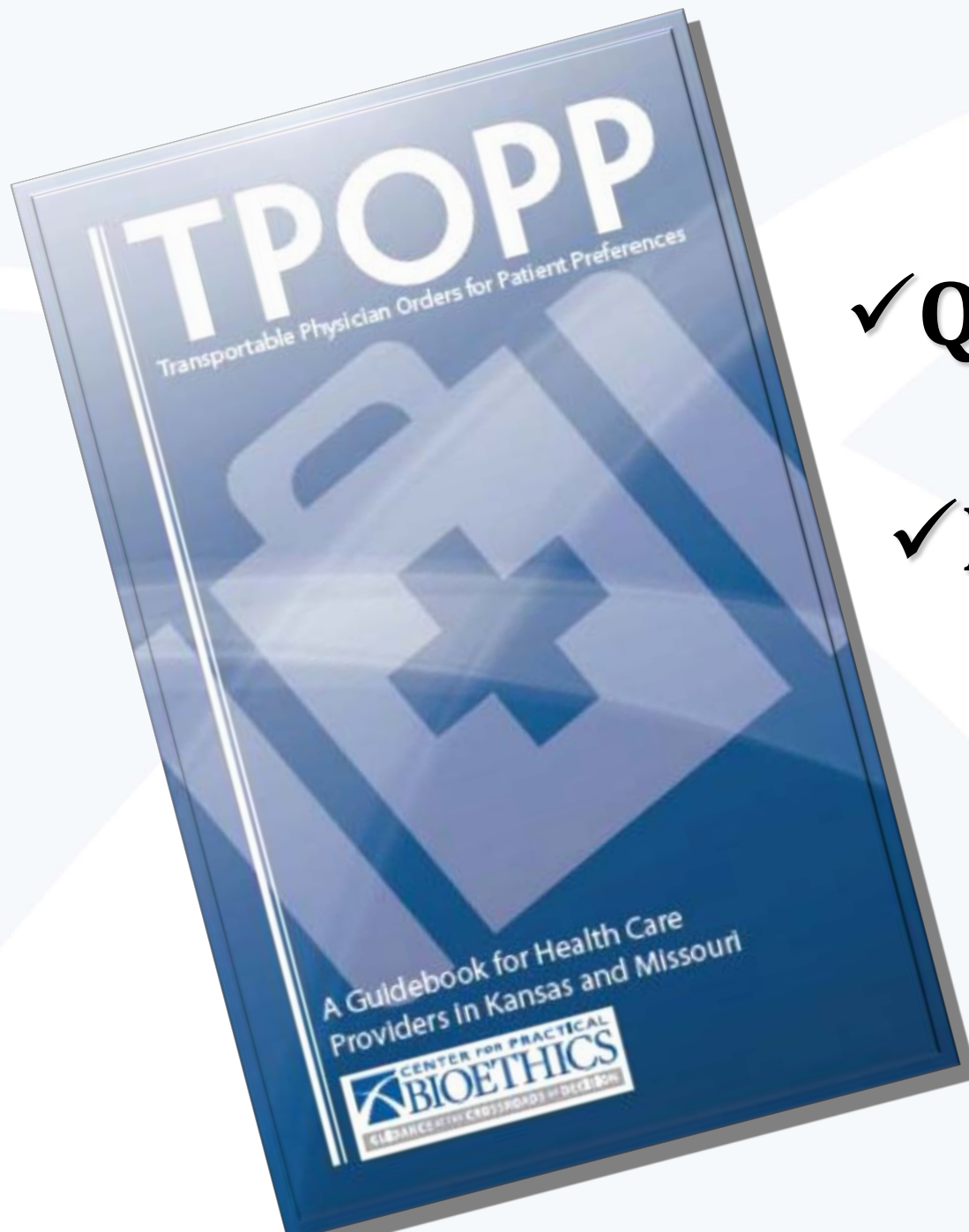
- Bright pink for quick identification.
- Available in conspicuous location in home setting (e.g., refrigerator, bedside)
- EMS will be trained to look for ask for form
- Ensure form travels with patient to other settings.

Review and summary

- TPOPP = POLST paradigm
- National awareness and implementation
- Body of effectiveness research
- Transportable physician order form
- Transparent and current
- Provides continuity of care decisions across health settings
- Honors patient treatment wishes

Why is this program important?

- TPOPP enhances the quality of care provided to our patients.
- Ensures that a patient receives the level of care desired.
- It is a preferred or best practice.
- It improves safety, efficiency, and continuity between settings.
- It is the right thing to do for our patients.



✓ **QUESTIONS?**

✓ **NEXT STEPS?**